SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

Employer:

Please be advised that this form is not a claim for benefits. This is an audit and the week(s) listed below are the week(s) this individual claimed unemployment benefits. This form does not mean that the benefits claimed were charged against your account The purpose of this form is to determine if this individual earned wages during the seven(7) consecutive days of the benefit week(s) listed below:

READ INSTRUCTIONS BEFORE COMPLETION AND RECORD WAGE INFORMATION CAREFULLY AS IT MAY BE THE BASIS FOR LEGAL ACTION AGAINST THE INDIVIDUAL.

NOTE: IF THE /ND/V/DUAL ON THIS FORM HAS NEVER WORKED FOR YOUR COMPANY, PLEASE INDICATE THIS ON THE FORM AND RETURN IT IN THE ENCLOSED ENVELOPE.

- 1. COMPLETE DATE EMPLOYED, LAST DAY WORKED, SIGNATURE, TITLE AND DATE. IF DATE EMPLOYED IS AFTER WEEKS SHOWN OR LAST DAY WORKED IS PRIOR TO WEEKS SHOWN, RETURN THE FORM IN THE ENCLOSED ENVELOPE.
- 2. CHECK TYPE OF PAY PERIOD.
- 3. CIRCLE DAY(S) WORKED IN WEEK(S) BELOW.
- 4. ENTER <u>Gross weekly wages</u>, enter wages earned for that week regardless of when paid. Do not enter wages for any **week** that the person was not employed.
- 5. CHECK IF <u>OTHER</u> THAN REGULAR PAY AS V-VACATION PAY S-SEVERANCE PAY H-HOLIDAY PAY

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CONTACT:

BENEFIT PAYMENT CONTROL UNIT 803-737-2490

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SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION P. 0. BOX 995 COLUMBIA, S.C. 29202-0995

OFFICIAL BUSINESS

BPC- 179

ADDRESS SERVICE REQUESTED

FIRST CLASS MAIL
POSTAGE AND FEES PAID
EMPLOYMENT SECURITY MAIL
PERMIT NO G12